details his own experiments which were made on the popliteal nerves of dogs. The results of the reunion after division, and suturing in various combinations, such as the central end of the internal popliteal to the peripheral portions of both internal and external popliteal nerves, are investigated both from an anatomical and physiological standpoint. The author summarizes his conclusions as follows: "It is possible to function the two opposing groups of muscles by a single nerve, which previously supplied one group only. Second, when the central end of one nerve is joined to the peripheral ends of two nerves there are many more fibers in the peripheral nerves than in the central nerve, so that the nerve fibers in the proximal trunk divide on going to the distal trunks. Third, in some cases, at least, some of the branches from one nerve fiber go to supply one set and others the opposing set of muscles. This may prevent very delicate movements being restored. Fourth, after this form of suturing the arrangement of the nerve fasciculi in the peripheral nerves is considerably altered. C. D. CAMP (Philadelphia).

CEREBRAL SYMPTOMS IN MEASLES. . Guy J. Branson (British Medical Journal, April 29, 1905).

The case appeared to be a simple, uncomplicated attack of measles, but on the next day after the appearance of the rash there were noted frequent twitchings of the face and limbs, and the day following a severe general convulsion accompanied by unconsciousness. There were no paralyses or localizing symptoms, but the attack was followed by intense restlessness and cerebral irritability. All the symptoms completely disappeared as the measles rash and fever cleared up.

C. D. CAMP (Philadelphia).

DISSEMINATED SYPHILITIC ENCEPHALITIS. Albert M. Barrett (The American Journal of the Medical Sciences, March, 1905).

A case of brain syphilis occurring in the secondary stage of the disease. The symptoms were those of gradually progressive dementia accompanied by ocular symptoms and general spasticity of the limbs, which was more marked on the left side. Death occurred in coma, and at autopsy the greater affection of the left side was explained by the discovery of a small hemorrhage in the right side of the pons. A detailed histological examination of the brain revealed areas of acute localized encephalitis not apparently connected with the meningitis, which was also present. There was also found a typical diffuse encephalitis, syphilitic arteritis, etc.

C. D. CAMP (Philadelphia).

REGENERATION OF NERVES. Mott, Halliburton and Edwards (Proceedings of the Physiological Society, March 19, 1904).

These authors have followed their studies in nerve degeneration with others in nerve regeneration. Early in the degeneration of the nerve fibers the neurilemma cells multiply, and later seem to assist the phagocytes in the removal of the broken-up myelin drops. The neurilemma cells are found in elongated strands concealing the newly formed axis cylinder. The authors conclude that this cylinder proceeds alone from the central end of the divided nerve, and that the peripheral cells simply act as a scaffolding for it. They call attention to the fact that histological evidence is not sufficient to establish the identity of a nerve fiber; that a strand which looks like one is not really such unless capable of responding to excitation and conducting nerve impulses. The peripheral theory of nerve regeneration has been held to be supported by clinical evidence, on the ground that after freshening up and suturing a divided nerve, sensation returns within forty-eight hours. A case is noted, however, in which the patient stated shortly after the operation that he was able to feel, but these sensations disappeared again in a short time and feeling did not really return for several months. It is suggested that the stimulation of the "freshening" lasted for several hours, the sensation being referred bv the patient to the original terminals of the fibeis. In certain of the experiments nerves were cut and the upper end covered with a cap so as to prevent the peripheral end from uniting with the central. After 100 or 150 days electrical stimulus found no response under anesthesia even to strong Faradic currents, and the microscope discovered no trace of regeneration. Another significant experiment consisted in dividing and then suturing together a large nerve in monkeys and cats. Upon exposing this nerve after function had been restored it was found united and excitable both above and below the union. A piece of nerve removed an inch below the point of original division was found to consist of fine new fibers with no trace of degenerated products. After ten days the animal was killed and the peripheral portion of the nerve both above and below the second incision was found quite unexcitable and exhibiting Wallerian degeneration. The authors have concluded from some evidence which they offer that the new fibers are less perfectly developed farther from the original point of section. JELLIFFE.

POISONING BY METHYLIC ALCOHOL. C. Ströhmberg, (St. Petersburg med. Woch., Nos. 39 and 40).

During the temporary suspension of the sale of vodka in Dorpat while mobilization was in progress 18 cases of poisoning, 15 of them fatal, occurred from the drinking of a popular vulnerary, also used internally, known as "Kuntzen's Balsam." Although none of the preparation used in these cases could be gotten for analysis, there is no doubt that the poisoning resulted from the substitution of methylated spirit for rectified in the formula of this "balsam." Two cases are reported typical of acute amblyopia due to retrobulbar neuritis. Of the drugs which may produce retrobulbar neuritis methylic alcohol is the most powerful, and in the cases under consideration the other drugs were excluded as possible factors by the small quantity of the preparation ingested, and by certain definite differences in the course of the intoxication. As the percentage of methylic alcohol in the balsam was not known, the fatal dose could not be determined, but if, as seems probable, the percentage was the same as that of ethylic alcohol called for by the formula, fatal results must follow a dose exceeding 35 gm., and serious results may be produced by as little as 7½ gm. The author formulates the symptomology of methylic alcohol poisoning as follows: Immediately after ingestion a bitter, burning taste which may extend to the pharynx and esophagus and be felt behind the sternum; great depression and anxiety; apathy; heavy, aching limbs, headache and vertigo. At first the patient can pull himself together and overcome the weariness, somnolence and tendency to shiver. This may be in slight cases the turning point toward recovery, but in serious cases the shivering may give place to pronounced rigors, and the somnolence to deep, prolonged sleep, frequently interrupted by headache or pain in the limbs, possibly accompanied by tonic spasms. Later there are nausea, vomiting, abdominal pain, tenderness and dyspnea. In most cases a dense white mist before the eyes was complained of, and in many cases amaurosis became complete in from two to six days, lasting from a few days to a week. Ocular pain is infrequent. Color perception returns late, if at all, or incompletely. Death occurred in 8 cases within 24 hours, and in 5 within 48 hours. One man recovered after he had apparently reached a moribund stage. Thirteen necropsies gave similar results, namely, a post-mortem redness of the skin, less bright than in carbon dioxide poisoning; marked rigor mortis, affecting the erectores pilorum; muscles unnaturally red; blood cherry colored; lungs hyperemic and edematous, as were also the liver, spleen and kidneys; the vesical mucosa usually congested; usually marked hyperemia of brain and meninges. The